

Child and Adolescent Mental Health Division
QUALITY ASSURANCE AND IMPROVEMENT PROGRAM
October 2005-September 2006

I. Mission of the Child and Adolescent Mental Health Division

The mission of the Child and Adolescent Mental Health Division (CAMHD) is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges, and their families. These services are provided within a system of care that integrates Hawaii's Child and Adolescent Service System Program (CASSP) principles, evidence based services, and continuous monitoring.

In implementing a mission that allows children and families to lead full and productive lives, CAMHD delivers effective and efficient services that are located in communities throughout the State of Hawaii. Services are provided in accordance with evidence-based practices, and address the individual needs of each child, youth and family served. Each child or youth's services are coordinated across all agencies and individuals involved. Engagement of the child, youth and family as active participants in the service delivery process is central to CAMHD's mission.

CAMHD's mission is supported through its commitment to continuous performance monitoring, evaluation and improvement at all levels of its service system. This provides a base for accomplishing its mission through open acceptance of accountability for results and achieving efficiencies at all levels of the organization.

The CAMHD Quality Assurance and Improvement Program (QAIP) is a statewide system and addresses all services and service delivery sites. Local-level implementation of the QAIP may consider local context while continuing to reflect a consistent statewide program for quality assurance and improvement. The CAMHD QAIP encompasses its Utilization Management Program. CAMHD's Utilization Management Program reviews utilization at all levels of care and for all aspects of utilization including availability, accessibility, coordination and continuity of care. The purpose of utilization review is to assure that children and youth receive the most appropriate level of service in the least restrictive environment possible. Utilization review data is used for continuous quality improvement.

The overall purpose of the CAMHD Quality Assurance and Improvement Program is to assure eligible youth and families receive the best possible and most appropriate care through highly qualified staff and providers. The program is conducted to ensure positive functional outcomes for youth. The QAIP includes comprehensive monitoring of all types of services provided by CAMHD, clinical quality investigations, maintenance of clinical records, assurance that youth are served in the least restrictive environment possible, and wherever possible in their own home and community. The QAIP program assures that care for youth is continuous and coordinated with all members of the child and family team. Accountability and participation in continuous quality improvement occurs at all levels of the CAMHD service system and includes active involvement of families and service providers.



II. Goals of CAMHD and the CAMHD Quality Assurance and Improvement Program

The goals of CAMHD are exemplified in its Strategic Plan, which was submitted in 2002 to the Hawaii State Legislature as statutorily required. It is a document that guides the direction of CAMHD for the four-year period 2003-2006. The goals of the CAMHD Quality Assurance and Improvement Program, and its Work Plan Activities, support CAMHD in achieving its overall goals.

CAMHD is part of the State of Hawaii public system of child-serving agencies. It provides intensive behavioral health services for both youth who are QUEST-enrolled and those who are not. CAMHD works closely with the other public systems, as well as other health plans and providers to assure that care is well coordinated and accountable to children and families. Services are provided in alignment with the Integrated Performance Standards and Practice Guidelines (IPSPG).

The goals of the CAMHD QAIP are designed to maintain a system of continuous quality improvement so that care and services for children and families contribute to positive life outcomes. The goals are achieved through planned, accountable and systematic performance improvement activities.

The specific goals are to:

1. Assure the provision of effective services through a highly qualified network of staff and providers.
2. Meet and exceed child and family expectations, and systematically collect and use information about their satisfaction to improve services service delivery.
3. Monitor the provision of care against performance standards, and use what we learn from monitoring to continuously improve the quality and effectiveness of care.
4. Assure that CAMHD quality-related policies and procedures meet all accepted definitions of quality improvement and continuity of care practice.
5. Measure outcomes of youth served.
6. Provide education for consumers of CAMHD services.
7. Identify areas of quality and performance concerns and implement improvements and corrective actions.
8. Coordinate quality management activities across utilization management, safety and risk management, consumer grievances, provider monitoring, credentialing and privileging, peer review, training, and all other aspects of performance monitoring.



III. Quality Assurance and Improvement Program Objectives

An active, written QAIP description is maintained at all times. Objectives of the QAIP are achieved through the implementation of the annual QAIP Work Plan. The Work Plan identifies specific QI activities for each objective, including the individual position that is accountable and timelines for data collection and completion of activities. The QAIP Work Plan for October 2005-September 2006 is attached to this document.

The overarching objectives of the QAIP are to:

1. Assure the provision of services and a service delivery infrastructure focused on achieving consumer and provider satisfaction.
2. Engage in business practices that support effective and efficient implementation of CAMHD health plan processes.
3. Assure the provision of services by qualified professionals.
4. Maintain a system for protecting consumer rights, and assure avenues for addressing areas of dissatisfaction with services.
5. Assure dependable access and availability of all necessary services.
6. Maintain a utilization management program that is integrated and coordinated with the QAIP
7. Assure quality of care and service provision that is designed to achieve positive outcomes for youth served.
8. Provide continuity of care across all services and service settings.
9. Collaborate with other child serving agencies, health plans and providers, including primary care physicians, to assure coordinated delivery of services.
10. Assure provision of services in alignment with CAMHD Integrated Performance Standards and Practice Guidelines.
11. Conduct monitoring reviews and studies, with focus on populations and settings that are potentially high risk or high volume.
12. Assure that peer review, focused reviews, grievance investigation, resolution and/or corrective actions are performed.
13. Conduct systematic review of performance data regarding sentinel events and incidents.
14. Based on review of quality improvement data, target priority areas of improvement and corrective action.



15. Provide periodic review and evaluation of the CAMHD program and use evaluation results to improve the program.
16. Assure that the CAMHD Compliance Program is implemented systematically and is meeting its stated mission.
17. Provide systematic oversight for all delegated activities.



IV. Program Scope and Content

Quality improvement in CAMHD occurs systematically and continuously at all levels of clinical service delivery, service infrastructure, and administrative services related to quality of care.

The Quality Assurance and Improvement Program is comprehensive and addresses all services provided by CAMHD in all service settings. These services include emergency mental health services, mental health and psychosexual assessments, intensive home and community based interventions, multisystemic therapy, therapeutic residential services, and hospital-based programs.

The QAIP supports the CAMHD service system statewide, including its provider network, in assuring coordinated, timely and appropriate care for all registered youth. Quality improvement focuses on the demographic and epidemiological features of the CAMHD population, which includes youth who are enrolled in QUEST and youth who are not.

Activities in CAMHD which support the scope of its QAIP include:

1. Systematic monitoring of clinical and service activities that support the objectives of achieving quality and effective services and service delivery with special focus on high risk populations, monitoring of over and under utilization, care coordination, and access/availability of services.
2. Comprehensive monitoring of contracted provider agencies to examine quality of clinical and administrative program practices.
3. Implementation of quality of care studies of both clinical care and service activities. Priority areas for study include areas that impact either high risk or high volume areas.
4. Annual review of performance standards and practice guidelines to provide clarification of areas that impact service delivery or clinical practice, or updates and changes as informed by the evidence base.
5. Management of grievances related to the quality of service provision.
6. Review of credentials through peer review of issues that may impact a practitioner's ability to provide quality care, or that may impact the well being of consumers.
7. Assessment of satisfaction of families with the quality of service provision and to ascertain their perceptions regarding services and service delivery.
8. Annual evaluation of activities of the quality management program and its activities that is presented to the Executive Management Team, and informs improvements to the QAIP.



V. Overall Program Administration and Oversight

A. Governing Body: Authority, Responsibility, and Implementation

The governing body of CAMHD is its Executive Management Team (EMT). The EMT assigns responsibility of its Quality Assurance and Improvement Program to the CAMHD Performance Improvement Steering Committee (PISC). The voting members of the EMT are the Division Chief, the Medical Director, the Performance Manager, the Public Health Administrative Officer, all Family Guidance Center Branch Chiefs, the Provider Relations Specialist, the chief executive officer of a family organization, and a psychologist appointed from the Clinical Services Office.

PISC reports directly to the EMT. PISC submits the QAIP description, the Utilization Management Program description, and QAIP Work Plan to the full EMT on an annual basis to the EMT for formal approval. PISC monitors the overall effectiveness of the QAIP through the Annual QAIP Evaluation, which is also reviewed and approved by EMT. Periodic updates to the EMT are received through committee reports.

The EMT meets at least once monthly. When written reports or issues are received from PISC, upon review of the reports or issues EMT may:

- Accept the report and findings with confirmation of acceptance;
- Ask for clarification of findings or reassessment of results;
- Direct that the QAIP or QAIP Work Plan be assessed for modification to accommodate the findings or issues of concern; or
- Direct and follow up on the necessary actions pertaining to quality of the CAMHD program.

B. Senior Executive Responsibility

The Division Chief is the senior executive responsible for directing, maintaining and supporting an effective system for mental health service delivery for eligible youth and their families. The Chief is a member of EMT and of PISC. The Chief assigns the responsibility of the CAMHD quality improvement program to the Performance Manager and the responsibility of the utilization management program to the Medical Director.

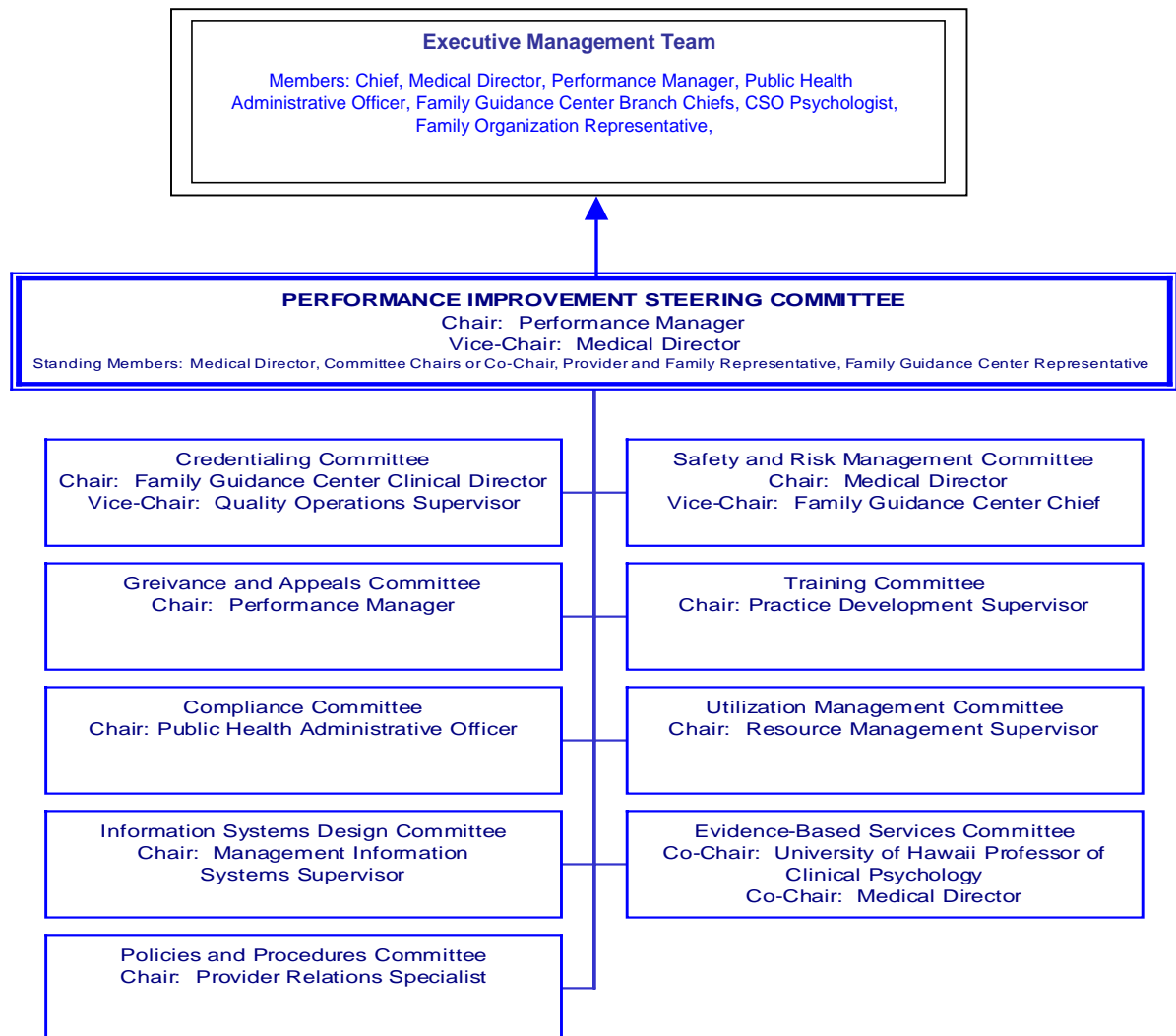
The Chief further assigns the responsibility of overall oversight of the clinical and medical components of the program to the Medical Director. The Medical Director is vice-chairperson of PISC, chairperson of the Safety and Risk Management Committee, co-chairperson of the Evidence-based Services Committee, a standing member of the Utilization Management Committee, a standing member of the Compliance Committee, and is an *ex-officio* member of the Credentialing Committee and Professional Activities Review Committee.



C. Organizational and Committee Structure

The CAMHD Executive Management Team has final responsibility for approval and oversight of the management and direction of the Quality Assurance and Improvement Program. The EMT designates the Performance Manager and the Medical Director to develop and manage the QAIP and to provide reports on quality management activities, findings and actions to the EMT.

The CAMHD Performance Improvement Committee Structure is displayed below:



D. Performance Improvement Steering Committee (PISC)

The Performance Improvement Steering Committee (PISC) oversees the activities of the CAMHD Quality Assurance and Improvement Program (QAIP). The Performance Manager chairs PISC. The vice-chair is the Medical Director. The PISC is composed of chairpersons of its standing committees, the Chief, a representative of the FGC Branch Chiefs, representatives from agencies in the CAMHD provider network, and a representative from an organization representing family members. Standing committees review client care and service delivery for opportunities for improvement that support CAMHD's systems and processes. All standing committees are comprised of members representing various functional disciplines throughout CAMHD. All applicable committees' membership includes provider and family representatives.

The functions of the Performance Improvement Steering Committee include:

1. Assure the QAIP is comprehensive, systematically implemented, and reviews aspects of care that include availability, accessibility, coordination, appropriateness, quality and outcomes of care.
2. Maintain a process and methodologies for empirically detecting opportunities for improvement and adherence to standards of service delivery and care.
3. Review and discuss areas that have resulted in poor performance or service to consumers with focus on causes of issues.
4. Provide direction for the development and analysis of performance improvement studies.
5. Recommend appropriate improvement strategies and corrective actions.
6. Track issues and quality activities to assure resolution and implementation.
7. Maintain policies and procedures for PISC including for all standing committees and PISC functions.
8. Review and recommend approval of service standards and practice guidelines.
9. Promote systematic distribution of quality information to relevant stakeholders including providers, staff, and EMT.
10. Assure the contents of written reports to EMT provide appropriate information that allows for oversight, actions or recommendations.
11. Review and recommend approval of the annual QAIP description, Utilization Management Program description, QAIP Work Plan, and QAIP Evaluation.
12. Provide education for all members regarding confidentiality and HIPAA requirements.



i. Meetings

PISC meets on a monthly basis. At least one of its meetings during the fiscal year includes evaluation of the QAIP. The Performance Manager, as the chairperson of PISC, prepares its agenda. The Medical Director is the vice-chairperson of PISC. The Medical Director or designee presents the proposed Utilization Management Program description and proposed Utilization Management Activities of the QAIP Work Plan on an at-least annual basis. The Medical Director or designee convenes PISC in the absence of the Performance Manager.

The Chair presides over meetings and is responsible for assuring that all actions of the committee are assigned and all functions of the committee are fulfilled. All meetings of standing committees shall be held at a frequency established through a policy and procedure specific to that committee. No committee shall meet less than quarterly. A quorum is defined as a simple majority of members present at a meeting in person, by teleconference, fax or email. Decisions are defined as those that are reached by registered vote (majority rule) or by consensus.

ii. Minutes

Official minutes will be documented for all meetings of PISC and its Standing Committees in a format set by CAMHD policy and procedure. Minutes note issues addressed, recommendations, actions taken, persons responsible, timeframes, and referrals to other committees or to EMT. Issues are clearly tracked in minutes from the point of identification through resolution.

If any discussion during the meeting includes items that are confidential or restricted access, details of the discussion shall be included in a Confidential or Restricted Access Attachment to the minutes and identified as such.

All documents referred to or discussed at meetings shall be attached to the minutes. If any of the documents contain information that is confidential in nature, the documents shall be returned to the Recorder for proper disposition. These documents shall be noted in the minutes but stored separately from the minutes.

iii. Reports and Report Summaries

Reports submitted to PISC are documented in sufficient detail to allow for thorough discussion and formulation of recommendations regarding quality issues. A report summary, in a format approved by PISC, is attached as a cover to each report. The report summary identifies the time period covered by the report, the key findings, and recommendations. PISC further documents its recommendations before submittal to EMT



iv. Referrals to EMT or to Committees

Referrals of issues from Standing Committees to other committees or to PISC should be documented in writing. Referrals from PISC to EMT should be documented in writing, and include sufficient information and recommendations for action.

E. Compliance Committee

The purpose of the Compliance Committee is to provide a means for reviewing potential issues, and make recommendations for the CAMHD Compliance Plan. It promotes the prevention, detection and resolution of instances of conduct that do not conform to Federal and State law and Federal health care requirements, as well as CAMHD's ethical and business policies. The Public Health Administrative Officer who is the Compliance Officer chairs the committee. It meets no less than quarterly.

The functions of the Compliance Committee include:

- Review all CAMHD and provider issues of fraud and abuse.
- Analyze the CAMHD's regulatory environment, the legal requirements with which it must comply and identify specific risk areas.
- Work with appropriate CAMHD sections, as well as affiliated providers, to develop standards of conduct and policies and procedures that promote allegiance to CAMHD's Compliance Plan.
- Recommend and monitor the development of internal systems and controls to carry out CAMHD's Compliance Plan
- Determine the appropriate strategy to promote compliance with the program and detect any potential violations.
- Develop a system to solicit, evaluate, and respond to complaints and problems.
- Monitor internal and external audits and investigations to identify troublesome issues and deficient areas experienced with in CAMHD and implement corrective and preventive actions.
- Review and recommend approval for the Annual Compliance Report.



F. Credentialing Committee

The process of credentialing direct service staff is significantly applicable to Qualified Mental Health Professionals (QMHP) serving CAMHD youths and families since such licensed professionals serve as clinical supervisors of direct service staff. However, because of health, safety, and risk factors involved in serving CAMHD youth, unlicensed Mental Health Professionals as well as Paraprofessionals are also credentialed. This serves as the primary purpose of the Credentialing Committee.

The functions of the CAMHD Credentialing Committee include:

- Review and approval of the credentials of all CAMHD and contract agency direct service staff and their supervisors who provide direct services.
- Oversight over registration of individual providers into CAMHD's billing system.
- Establish protocols relative to clinician credentialing suspensions and terminations and makes decisions based on parameters established.
- Establish protocols, procedures, and activities designed to achieve progressive credentialing goals such as levels of privileging.
- Oversee credentialing data, areas of priority focus, and reports. Determine performance measures and indicators that are measures of Committee's progress and achievements.

A medical officer, namely one of CAMHD's Clinical Directors, chairs the Committee. The Quality Operations Supervisor is the vice-chair. Membership is comprised of cross disciplines representing various CAMHD sections. Provider agencies are not represented because the predominance of applicants credentialed is from CAMHD's contracted agencies. CAMHD's Medical Director is an *ex-officio* member.

Frequency of formal meetings are once monthly; however, to accommodate the high rate of agency-submitted documents for credentialing approval, weekly voting of screened and cleared applicants are conducted via e-mail.

G. Evidence Based Services Committee

This Committee reads, reviews, recommends practice policies, and disseminates various scientific findings related to the behavioral and emotional health of children and adolescents. The committee meets once monthly and is chaired by the Medical Director and a University of Hawaii Professor of Clinical Psychology is co-chair.



Functions of the committee are:

- Identification of research on interventions for behavioral and emotional challenges of children and youth.
- Reviews and ratings of the effectiveness of the identified research.
- Recommendations for incorporating information about the research into policy governing the Department of Health/Child and Adolescent Mental Health Division and its contracted provider agencies.
- Dissemination of information about the research throughout the Hawaii child-serving system of care.

Reports of the committee include:

- “Evidence Based Child and Adolescent Psychosocial Interventions” (Quarterly updates)
- “Evidence Based Child and Adolescent Psychopharmacology” (Quarterly updates)
- Biennial “Evidence Based Services Committee Report”

H. Grievance and Appeals Committee

The purpose of the Grievance and Appeals Committee is to hear and act upon consumer and provider issues forwarded as a result of oral or written requests of appeals to decisions made by any area of CAMHD operations.

Functions include:

- Reviewing and rendering decisions following reviews of compilation of documents relating to all factors addressed, investigated, and resolved by the Grievance Office, Clinical Services Office, or Fiscal Section staff.
- Reviewing and endorsing CAMHD quarterly reports and work plan activity data related to grievances with action recommendations forwarded to PISC for review.

The Performance Manager chairs the Committee. Membership is comprised of staff represented by various sections, including the Public Health Administrative Officer, FGC Clinical Director, FGC Chief, Provider Relations Specialist, Clinical Services Office representative, and a parent representative.



I. Information Systems Design Committee

This Committee identifies and prioritizes the development and deployment of Management Information Systems (MIS) within CAMHD. In doing so, the ISD committee discusses appropriate Information Systems direction for CAMHD and how the Division can further utilize technology to fulfill its mission and achieve its goals. Membership is comprised of representatives from various CAMHD sections and offices. The ISD committee is chaired by the MIS Supervisor.

Functions include:

- Reviewing the updating of the technology infra-structure and organization
- Reviewing the enhancement of computer applications in support of CAMHD's business processes
- Reviewing the creation of additional administrative applications
- Making recommendations to the appropriate bodies based on reporting, review, and discussion conducted by the committee

J. Policy and Procedures Committee

The purpose of Policy and Procedure Committee is to coordinate and review the development of policies. Membership is comprised of representatives from various CAMHD sections or offices, a provider agency and consumer representative. The Policy and Procedure Committee is chaired by the Provider Relations Specialist.

The functions of the committee include, but are not limited to:

- Oversight and coordination of the development and revision of all CAMHD policies and procedures (P&P).
- Assure policies and procedures are written in standard format.
- Determining necessary actions to take in processing policies to completion.
- Processing formal review of final drafts of policy and procedures prior to forwarding for EMT review and Chief's approval and execution.
- Publish and distribute all official policy and procedure statements to all organizational sections of CAMHD, the Behavioral Health Administration and the Administrative Services Office of the Department of Health, and the Children's Community Council Office.

Review, discuss, and approve quarterly and annual committee reports, including performance measures that are prepared by the Chair and make recommendations for presentation to the Performance Improvement Steering Committee (PISC).



K. Safety and Risk Management Committee

This Committee's function is to assure staff, visitors and consumers experience a high level of safety in the work place and treatment settings and to identify opportunities for improvement through an on-going effort of risk identification, evaluation, mitigation, resolution, or monitoring. The Medical Director chairs the committee, and vice-chair is a Family Guidance Center Branch Chief.

The Safety and Risk Management Committee has oversight of quality trends and issues for the following areas:

- Specific disaster/emergent situations
- Security (including HIPAA security issues)
- Preventive maintenance and safety inspections
- General health issues
- Safety and well being of clients in CAMHD-contracted facilities/programs
- Sentinel events and incidents
- Safety/risk training & education
- Policies and procedures for safety and risk management issues

L. Training Committee

This Committee facilitates practice development, professional development, and the dissemination of strategic knowledge for CAMHD staff and its contracted provider agencies concerning 1) evidence-based mental health services and care coordination practice for children and youth with severe behavioral and emotional challenges, and 2) non-clinical professional development needs. The Clinical Services Office Practice Development Supervisor chairs the Training Committee.

The functions of the committee are:

- Identification of practice development and professional development needs.
- Assessment of the most appropriate means of meeting those needs.
- Development of a plan for meeting those needs.
- Evaluation of the effectiveness of training, conferences, consultations and other means of meeting those needs.

M. Utilization Management Committee

The purpose of the UM Committee is to review all UM data and make recommendations for change in UM guidelines or strategies. The



committee meets at least every other month. The functions of the UM committee include:

- Oversee utilization data review strategies, areas of focus, and timelines of UM reports
- Review and analyze all UM reports to identify opportunities for improvement in the delivery, availability, or access of services and to identify UM achievements
- Propose solutions to problems and concerns identified by utilization review activities
- Establish procedures designed to achieve the goals and objectives of the UM program
- Conduct specialized studies
- Ensure the confidentiality of utilization management activities, decisions, and recommendations

The reports reviewed by the committee include a variety of reports designed to look at underutilization or over utilization of services; access to emergency, urgent and routine care; availability of care; least restrictive environment; network adequacy; provider practice patterns; coordination of care and provider satisfaction.

The UM Committee is chaired by the Resource Management Supervisor. The UM Committee participants are the Medical Director, a representative from the provider network, a parent a Family Guidance Center Branch Chief, a Family Guidance Center Clinical Director, and representatives from the Clinical Services Office, Performance Management Office, and Administrative Office of CAMHD.

Attendance of the UM Committee may be in person or by teleconference. Quorum is defined as at least 51% of the committee members and voting may be done via email. If voting is done by email, the email documents are kept as official UM Committee minutes.

N. How the QAIP Status and Results are Communicated

The status and results of the QAIP are routinely communicated to staff at all levels through regularly scheduled meetings including managers' meetings, section and unit meetings, and all-staff meetings. At least annually, a summary of CAMHD quality improvement activities is distributed to all agencies in the CAMHD provider network and all CAMHD employees. The quarterly Integrated Performance Monitoring Report is posted on the CAMHD website.



VI. Methods Used to Systematically Monitor Care and Services

A. Quality Monitoring Methods

Priorities for quality monitoring are identified through the review of available epidemiological, demographic, and performance reporting information. Monitoring occurs for each of the objectives established for the QAIP, and across demographic groups and service settings.

Quality is systematically reviewed through monitoring of performance activities established in the QAIP Work Plan. Methodologies for monitoring are established in the form of written guidelines. Frequency of monitoring is established at a level that can detect the need for any programmatic changes. Quality of clinical care and utilization management is monitored against the Integrated Performance Standards and Practice Guidelines.

CAMHD acknowledges the interdependence of components of systems, and the role they collectively play in impacting performance and outcomes. Performance data are reviewed from a multi-disciplinary, cross-team perspective in order to understand issues and identify opportunities for improvement.

CAMHD follows a basic continuous quality improvement cycle that includes the following components:

1. A plan to improve services
2. Data collection
3. Data analysis
4. Actions and interventions
5. Data collection to determine if the actions had the desired results
6. If the desired result was not achieved, return to the plan stage.

B. How Issues are Identified

Opportunities for quality improvement are identified through ongoing review of clinical, quality and utilization management data. Data are systematically reviewed through the monitoring of performance data, and reports to PISC on service and care as they inform quality improvement. PISC and its subcommittees, as well as any organizational unit of CAMHD can identify and recommend areas that provide opportunities for improvement.

Criteria for selecting areas for quality improvement include, but are not limited to:

1. Areas that represent a high-risk or high-volume issue for the CAMHD population.



2. Areas that have a high probability of improving care and mental health outcomes for the population served by CAMHD.
3. Areas that there are objective criteria for assessment of improvement.
4. Adequate resources are available to implement the quality improvement and the benefits of the improvement exceed its costs.
5. Areas that support CAMHD achieving its organizational mission.
6. Areas that are a service delivery or quality of care concern as identified by the Med-QUEST Division.

C. Focused Studies

Focused studies are recommended through the Quality of Care (QOC) Task Force, a multi-disciplinary work group of PISC convened by the Performance Manager. One clinical and one service study are conducted annually.

The QOC Task Force utilizes the criteria for selection of areas of quality improvement described in the previous section. The QOC Task Force provides oversight for design, implementation and adherence of CAMHD's focused studies, and for making recommendations based on findings. The Performance Manager and the Research and Evaluation Specialist are responsible for study implementation, analysis and providing updates to the QOC Task Force.

D. Peer Review

Peer review is conducted through the Credentialing Committee, and through a Professional Activities Review Committee (PARC) chaired by a senior Family Guidance Center Clinical Director or Clinical Psychologist with multi-disciplinary membership comprised of clinicians from the CAMHD Central Offices and Family Guidance Centers. The Credentialing Committee reviews performance data collected through quality monitoring and makes determinations about credentialing and recredentialing practitioners. The PARC reviews both internal and network practices. The Medical Director is an *ex-officio* member of the PARC and maintains guidelines for peer review.

E. Documentation of Performance Improvement Activities

Performance improvement activities are systematically implemented, and continuously monitored and tracked. Activities are documented through the following methods:

1. Reporting to PISC according to the schedule designated in the annual QAIP Work Plan.
2. Documentation in the format entitled "Quality Assurance and Improvement Program Evaluation" form (see Attachment 1).



Documentation includes the methodologies used, the persons responsible for the study or activity. For performance improvement studies, the study question, the indicators and the analytical methodology will be identified.

3. Tracking occurs for issues that are identified as opportunities for improvement, or remedial actions in need of correction. The QAIP maintains policies and procedures for taking remedial action including tracking and documentation of actions.

F. Stakeholder Involvement in Performance Improvement

Involvement of stakeholders in the performance improvement process is integral to assuring joint ownership and participation in quality improvement. Communication and training are conducted for staff, providers and families as described below:

1. Staff

Upon hire, all CAMHD employees are oriented to the QAIP and the QAIP Work Plan, including the function of performance improvement and utilization management in CAMHD. Updates are disseminated through standing committees at least annually. Staff members also receive feedback about performance improvement activities periodically.

2. Provider Agencies

Provider agencies and contractors are informed about contractual obligations related to the CAMHD QAIP, CAMHD performance standards and practice guidelines, and their own quality assurance and utilization management activities through their contracts. All updates to standards and guidelines are communicated to provider agencies and contractors. All provider agencies receive a Provider Manual and all updates as they occur. Further feedback and updates about the CAMHD program, including performance improvement is distributed through a provider newsletter. Meetings with representatives from the provider agencies occur at least quarterly. Involvement in performance improvement further occurs through participation by representatives of provider agencies on PISC and various standing committees including the Policies and Procedures Committee, the Safety and Risk Management Committee, and the Training Committee. Provider representation is also found on the Quality of Care Task Force and other quality-related work groups and focus groups.

3. Families

Families are involved in performance improvement and receive education about the CAMHD program in a number of ways including through the Consumer Handbook, distribution of information through family organizations, and the CAMHD



website. Family members receive education through the treatment process. There is family member representation on PISC and select standing committees of PISC, including Grievance and Appeals, Training, Evidence-Based Services, Utilization Management, and various quality-related task forces and focus groups as they occur. The Performance Manager assures orientation is provided for all family member representatives on the CAMHD quality improvement processes including on confidentiality.

4. Providers of Delegated Activities

For providers that are delegated quality management activities, ongoing training and communications are continuously available and systematically provided. Any updates or changes to quality expectations that impact the delegated activity are disseminated in a timely manner. All providers of delegated activities are monitored according to CAMHD policies and procedures for delegation on an annual basis. Findings of the monitoring audits are provided to the delegated provider.

G. QAIP Work Plan

The CAMHD Annual QAIP Evaluation informs annual revisions to the QAIP and the UM Program, and the development of an annual QAIP Work Plan. The QAIP Work Plan's core function is to organize performance improvement activities in order to systematically implement the objectives of the QAIP for the year. It serves as the plan for action that documents the status of quality activities throughout the year. The Work Plan establishes a schedule for performance improvement activity implementation, person responsible for implementation, data collection, and reporting. Reporting on QAIP Work Plan activities occurs through designated committees and to PISC as scheduled in the Work Plan.

H. QAIP Annual Evaluation

No less than annually, an assessment is conducted of the scope and content of the QAIP to assure it covers all services and service settings, and to assure it is comprehensively monitoring the efficiency and effectiveness of services.

The presentation of these findings is presented in an annual report (Annual QAIP Evaluation). The annual report includes the trends and analyses of trend, for all clinical and service performance improvement activities, identification of areas that were performing below expectations, barriers to improving performance, and opportunities for improvement. The report includes an evaluation of the overall effectiveness of the QAIP and UM program, including recommendations for improvement and suggestions for QAIP goals for the next year.



The evaluation is received by the Performance Improvement Steering Committee for acceptance and recommendation of approval, and by the Executive Management Team for final approval. The QAIP is reviewed at least annually by PISC to assess its scope and content, ensure it is continuing to monitor all types of services in all settings, and evaluate the impact of priorities on quality and effectiveness. The QAIP Work Plan may be reviewed more frequently based on continuous monitoring findings.

Core components of the Annual QAIP Evaluation are:

1. Assessment of the program's progress and status of meeting its annual goals.
2. Accounting of completed and ongoing clinical and service improvement activities.
3. Trending of performance measures.
4. Results and analysis of results for all demonstrated improvements in quality.
5. Identification of opportunities for improvement.
6. Assessment of the overall effectiveness of the QAIP.
7. Recommendations for the next year's goals and Work Plan quality activities.

The CAMHD QAIP and work plan for FY 2006 covers the time periods October 1, 2005-September 30, 2006. The QAIP Evaluation covers the time periods July 1, 2005- June 30, 2006 in order to assure all time periods are covered by the Evaluation, and the Evaluation adequately informs the following year's QAIP.



VI. Quality Assurance and Improvement Work Plan

A. How Priorities are Set

CAMHD establishes a range of areas for working on performance improvement, and establishes priorities as not all areas can be implemented simultaneously. The QAIP Work Plan, based on a fiscal year unless otherwise designated by EMT, guides the performance improvement implementation process. Priorities can be changed through acceptance of PISC and approval of EMT based on the identification of opportunities for quality improvement during the year.

Revision of the Work Plan occurs through identification and review of issues by PISC or its standing committees, evaluation of revisions by EMT, and approval of EMT. Any revisions to the Work Plan require oversight by PISC who assigns accountability for development and monitoring of improvements.

B. Standards and Criteria

The standards and criteria that guide the QAIP are based wherever possible on monitoring of trends based on CAMHD goal setting, and use the knowledge and experience of experts in the field of children's mental health and the evidence-based literature. The QAIP is further guided by the CAMHD Practice Guidelines and any updates to the Practice Guidelines based on the research of the Evidence-based Services Committee. Standards applied by other similar health plans, children's mental health systems, and industry standards may be used to guide the QAIP, with attention paid to criteria that are objective, measurable and current. Regular review of available sources within CAMHD and its provider network, are used for periodic adjustment to priorities and standards and criteria.

C. Collection and Analysis of Data

Data required for each activity of the QAIP Work Plan are pre-determined and reflect indicators that allow for evaluation of the effects and findings of interventions. The frequency of data collection varies and is reflective of the nature of the activity. The sources of data include, but are not limited to encounter data, surveys, grievance data, state databases, qualitative data, clinical quality-related referrals, and utilization data.

D. Delegation Program

CAMHD maintains a delegation program to provide oversight for any areas of quality management that are delegated to another entity. CAMHD may delegate a quality function, but follows its policies and procedures for delegation, and retains ultimate responsibility and accountability of the function, including the right to terminate any delegation agreement. The



responsibilities and requirements of CAMHD and the delegated entity are documented in each delegation agreement.

E. Components of the QAIP Work Plan

The QAIP Work Plan includes the following components:

- A statement of the purpose
- Scope
- Population Demographics
- Systematic Monitoring
- Goals and Strategies
- Activities




VII. Appendices

Appendix One: Quality Assurance and Improvement Program Work Plan
for Fiscal Year 2006



State of Hawaii
Department of Health
Child and Adolescent Mental Health Division
Quality Assurance and Improvement Program
October 2005-September 2006

Approved:  9/29/05
Chair, Performance Improvement Steering Committee (Acting) Eric Daleiden, PhD Date

Approved:  9/29/05
Medical Director (Acting) Martin Hirsch, MD Date

Approved:  9/29/05
Division Chief - Christina Donkervoet, APRN Date

